



University of Michigan Peer Mentor Agreement

I, _____, agree to volunteer with the University of Michigan Health System as a Peer Mentor.

I am interested in connecting with patients through these mechanisms:

- ☐ Patient education class
- ☐ Phone and email communication
- ☐ Lobby of the clinic
- ☐ Hospitalized patients who are learning about their condition
- ☐ Hospitalized patients who are in active treatment for their condition
- ☐ Hospitalized patients who are post-treatment
- ☐ Outpatients who are receiving treatment
- ☐ Caregivers of patients either by phone or in person

I agree to:

- ☐ Have the Coordinator give my phone number and email address to any potential referrals
- ☐ Call if I will not be able to come in
- ☐ Keep what I learn about patients confidential
- ☐ Keep the Social Work staff informed about any of my concerns

At this point, I am not willing to work with:

- ☐ Dying patients
- ☐ Young adult patients
- _____
- _____

Our agreed upon way of communicating with each other will be

- ☐ Phone
- ☐ Email
- _____

Signed _____ (Peer Mentor)

Date _____

Phone _____

Email _____